

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe that the inventor named below the original, sole and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Enhanced Driver for Screws and the Like/Leverage Driver

The specification of which (check one)

- ☐ Attached hereto.
- ☐ Was filed on November 21, 2003 as Application Serial No. 10/719,653.

I hereby state that I have reviewed and understand the contents of the above identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

And I hereby appoint: Thomas A. O'Rourke, Reg. No. 27,665 of Bodner & O'Rourke, 425 Broadhollow Road, Suite 108, Melville, NY 11747; Tel. No. (631)249-7500, my attorney, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to Thomas A. O'Rourke at Bodner & O'Rourke at (631)249-7500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Janis Rottkamp

Inventor's Signature:

Janis Rottkamp

Date: April 12, 2004

Citizenship: U.S.A.

Residence:

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Post Office Address:

Full name of second inventor, if any:

None

Inventor's Signature:

Date: _____

Citizenship: _____

Residence:

Post Office Address:
